1. DATE - TIME GROUP	2. LOCATION
23 July 63 24/0230Z	Stoneham, Massachusetts
3. SOURCE	10. CONCLUSION
Civilian	SATELLITE
4. NUMBER OF OBJECTS	Report received in 1965. Sighting has all characteristics of a Satellite observation. ECHO schedules not retained over one year.
One	
5. LENGTH OF OBSERVATION	11. BRIEF SUMMARY AND ANALYSIS
5 Minutes	Bright star moving from the NE to SE. Appeared as light only. Very high in sky. No sound. Disappeared over the horizon. Gave appearance of stopping and going, stopping and going.
6. TYPE OF OBSERVATION	
Ground-Visual	
7. COURSE	
SE	
8. PHOTOS	
☐ Yes XXX No	
9. PHYSICAL EVIDENCE	
☐ Yes XX No	

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will *not* be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

23 (Day) July (Month) 1963 (Year)

2. Time of day: 10 (Hour) 30 (Minutes)

(Circle One): A.M. or (P.M.)

3. Time Zone:

(Circle One): (a. Eastern)
b. Central
c. Mountain
d. Pacific
e. Other ______

(Circle One): (a. Daylight Saving)
b. Standard

4. Where were you when you saw the object?

[redacted] (Nearest Postal Address) Stoneham (City or Town) Massachusetts (State or County)

5. How long was object in sight? (Total Duration) ______ Hours Approx. 5 Minutes ______ Seconds

a. Certain
b. Fairly certain
c. Not very sure
d. Just a guess

5.1 How was time in sight determined? Approximate guess of 2 witnesses

5.2 Was object in sight continuously? Yes ✓ No ______

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
(a. Bright)
b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right
d. To your left
e. Overhead
f. Don't remember

FTD FORM OCT 62 164 This form supersedes FTD 164, Jul 61, which is obsolete.

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS *(Circle One)*:

a. None
b. A few
c. Many
d. Don't remember

8.2 MOON *(Circle One)*:

a. Bright moonlight
b. Dull moonlight
c. No moonlight – pitch dark
d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS *(Circle One)*:

a. Clear sky
b. Hazy
c. Scattered clouds
d. Thick or heavy clouds

WEATHER *(Circle One)*:

a. Dry
b. Fog, mist, or light rain
c. Moderate or heavy rain
d. Snow
e. Don't remember

10. The object appeared: *(Circle One)*:

a. Solid
b. Transparent
c. Vapor
d. As a light
e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? *(Circle One)*:

a. Brighter
b. Dimmer
c. About the same
d. Don't know

11.1 Compare brightness to some common object:

a light bulb from a distance of about 75 ft.

12. The edges of the object were:

(Circle One): a. Fuzzy or blurred
b. Like a bright star
c. Sharply outlined
d. Don't remember
e. Other couldn't tell. It was very high in the sky.

13. Did the object: *(Circle One for each question)*

a. Appear to stand still at any time?	Yes	No	Don't know
b. Suddenly speed up and rush away at any time?	Yes	No	Don't know
c. Break up into parts or explode?	Yes	No	Don't know
d. Give off smoke?	Yes	No	Don't know
e. Change brightness?	Yes	No	Don't know
f. Change shape?	Yes	No	Don't know
g. Flash or flicker?	Yes	No	Don't know
h. Disappear and reappear?	Yes	No	Don't know

14. Did the object disappear while you were watching it? If so, how?

Yes, at the last, it went over the horizon.

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes (No) Don't Know. IF you answered YES, then tell what it moved behind: ______

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes (No) Don't Know. IF you answered YES, then tell what in front of: ______

17. Tell in a few words the following things about the object:

a. Sound None, there was no sound made.

b. Color It stayed white all the time we saw it

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head? All of it.

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

← Just a bright light

20. Do you think you can estimate the speed of the object?

(Circle One) Yes (No)

IF you answered YES, then what speed would you estimate? ____________

21. Do you think you can estimate how far away from you the object was?

(Circle One) (Yes) ~~(No)~~

IF you answered YES, then how far away would you say it was? Over Boston approxamatly 30 mi. away

22. Where were you located when you saw the object? (Circle One):

a. Inside a building
b. In a car
(c. Outdoors)
d. In an airplane (type)
e. At sea
f. Other ____________

23. Were you (Circle One)

a. In the business section of a city?
(b. In the residential section of a city?)
c. In open countryside?
d. Near an airfield?
e. Flying over a city?
f. Flying over open country?
g. Other ____________

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North	c. East	e. South	g. West
b. Northeast	d. Southeast	f. Southwest	h. Northwest

24.2 How fast were you moving? ____________ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

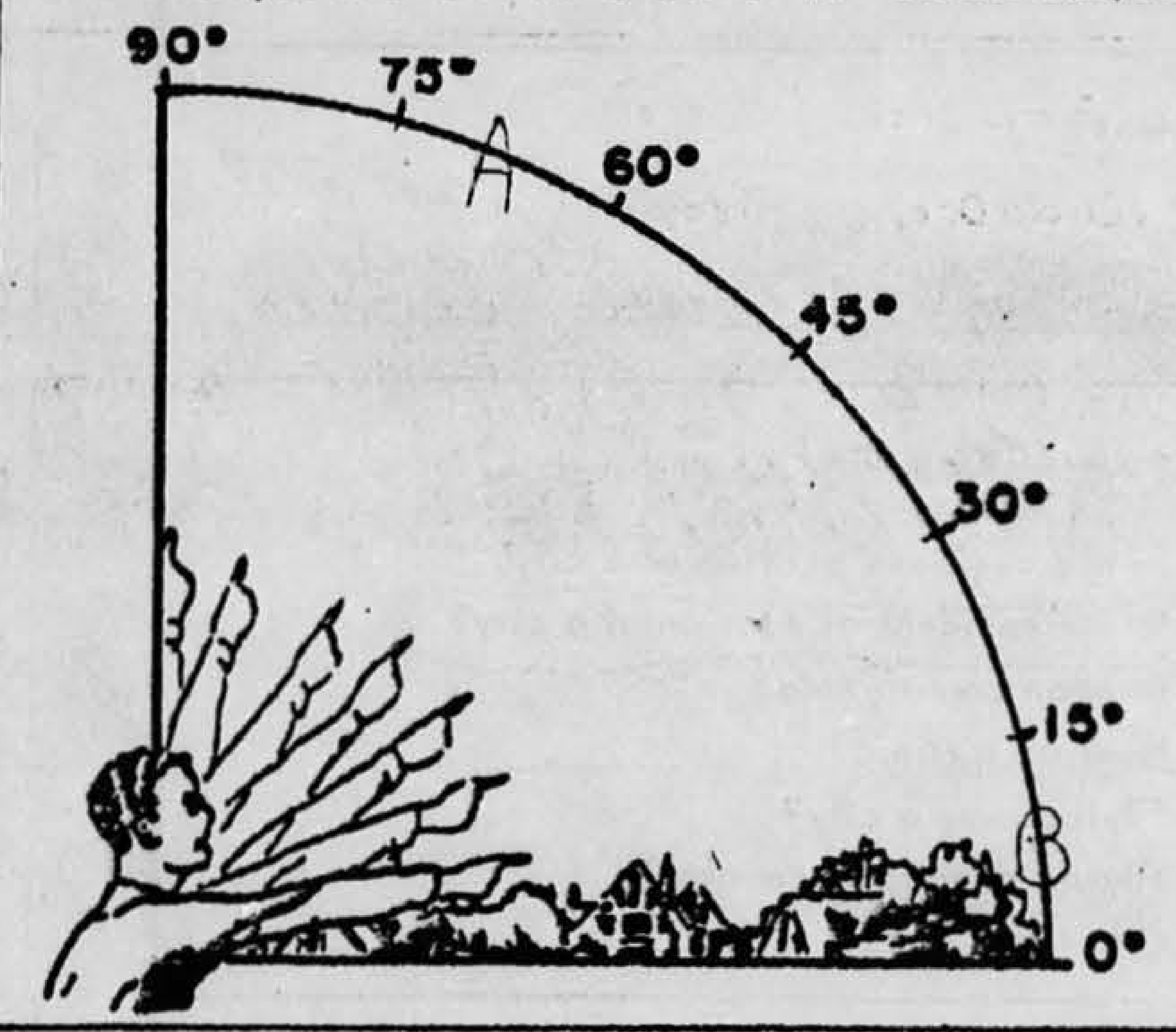
25. Did you observe the object through any of the following?

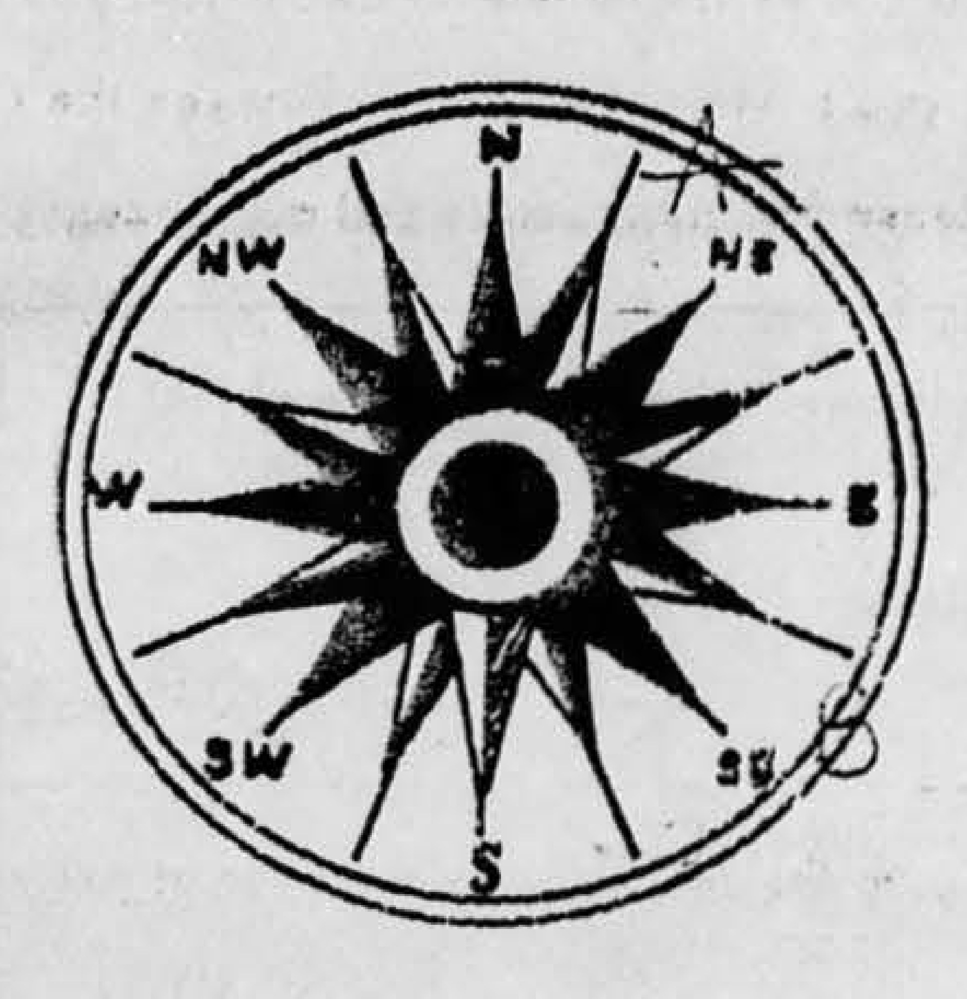
a. Eyeglasses	(Yes) My Dad	No	e. Binoculars	Yes	No
b. Sun glasses	Yes	No	f. Telescope	Yes	No
c. Windshield	Yes	No	g. Theodolite	Yes	No
d. Window glass	Yes	No	h. Other ____________		

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

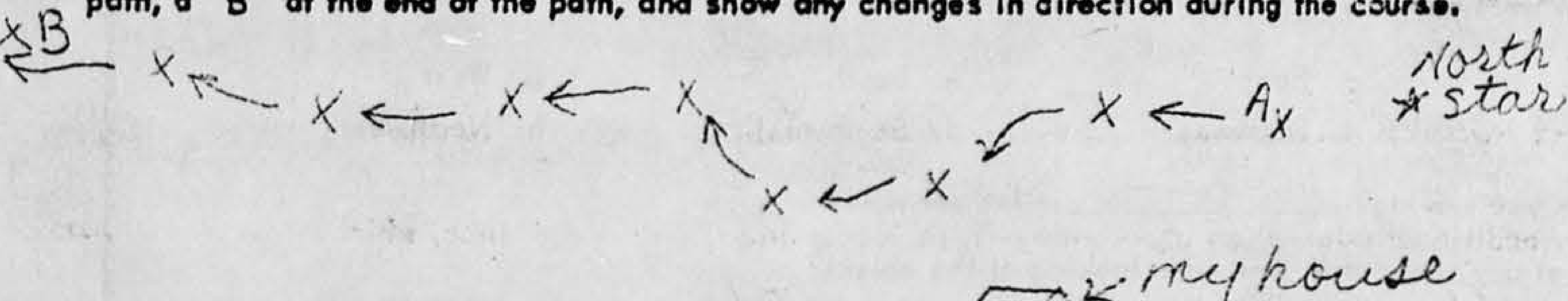
a falling star, except a falling star doesn't stop and go and stop and go over and over again.

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.





28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? ____________________
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

No.

31. Was anyone else with you at the time you saw the object? *(Circle One)* **Yes** (circled) No

31.1 IF you answered YES, did they see the object too? *(Circle One)* **Yes** (circled) No

31.2 Please list their names and addresses:

[redacted] (Dad) [redacted] but we moved to [redacted]

[redacted] (Sister) "

[redacted] " "

[redacted] "

32. Please give the following information about yourself:

NAME [redacted] (Last Name) [redacted] (First Name) [redacted] (Middle Name)

ADDRESS [redacted] (Street) Stoneham (City) 80 (Zone) Mass. (State)

TELEPHONE NUMBER [redacted] AGE 16 SEX Male

Indicate any additional information about yourself, including any special experience, which might be pertinent.

High school student (10th grade)

33. When and to whom did you report that you had seen the object?

28th (Day) Sept. (Month) 1964 (Year)

I reported my sighting to [redacted] of [redacted] in Saugus, Mass.

BARRY J. BEVERAGE
P. O. BOX 121
MELROSE 76, MASS.

34. Date you completed this questionnaire: 12 Feb. 1965

Day Month Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting. None

[redacted]
MELROSE 76, MASS.

BOSTON, MASS. PM 16 FEB 1965

SAFOI UFO
Department of The Air Force
Office of The Secretary
U.S.A.F.
Washington, D.C. 20330